

EXHIBIT G

LOCATION OF OCCURRENCE 725 N. 10th		CODE		TIME OUT		TIME IN	
DATE OF OCCUR. 9/23/24		DAY CODE 1		TIME OF OCCUR.		NATURE OF INJURY None	
COMPLAINANT Police		AGE		RACE		SEX	
ADDRESS 0900		PHONE (HOME)		PHONE (BUSINESS)			
FOUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		REPORT TO FOLLOW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out		UNIT		CODE	
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No		TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No		UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable) S-BAR CHECK Sgt. 8795 visited CAD Room @ 725 N. 10th st. No issues were noted							
WITNESS LIC # R7636		ADDRESS		PHONE NUMBER			
OFFENDER INFORMATION							
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)		PROP. CODE		INSURED <input type="checkbox"/> Yes <input type="checkbox"/> No		STOLEN VALUE \$	
						DC NO.	
VEHICLE 1 — OWNER'S NAME		VEHICLE 2 — OWNER'S NAME					
VEHICLE 1 — OPERATOR'S NAME		VEHICLE 2 — OPERATOR'S NAME					
WANTED/STOLEN MESSAGE SENT General No. Date		DIST./UNIT TERMINAL		RECEIPT NO.		SENT BY	
REPORT PREPARED BY		NO.		DIST./UNIT		TOTAL PAGES	
						PAGE NO.	

DATE OF OCCUR.		DAY CODE		TIME OF OCCUR.		A NATURE OF INJURY	
9/18/24		3				None	
COMPLAINANT				AGE	RACE	SEX	PHONE (HOME)
Police							
ADDRESS						PHONE (BUSINESS)	
0900							
FOUNDED		REPORT TO FOLLOW			UNIT	CODE	INV. CONT NO.
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out					
WITNESS		TRACEABLE PROP.		UNIQUE DESCRIPTION OF OFFENDER		OTHER EVIDENCE	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)							
S- BAR CHECK							
Sgt. 8799 visited the Can Beer							
store at above location. No issues							
were noted during the check.							
LIC # R7636							
Manager X							
WITNESS		ADDRESS				PHONE NUMBER	
OFFENDER INFORMATION							
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)				PROP. CODE	INSURED	STOLEN VALUE	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
						DC NO.	
VEHICLE 1 — OWNER'S NAME				VEHICLE 2 — OWNER'S NAME			
VEHICLE 1 — OPERATOR'S NAME				VEHICLE 2 — OPERATOR'S NAME			
WANTED/STOLEN MESSAGE SENT		DIST./UNIT TERMINAL		RECEIPT NO.	SENT BY		

LOCATION OF OCCURRENCE 125 N 10th		9060		P	
DATE OF OCCUR. 10/21/24		DAY CODE 1		TIME OF OCCUR. A P	
COMPLAINANT Police		AGE		RACE	
		SEX		PHONE (HOME)	
ADDRESS 0900				PHONE (BUSINESS)	
FOUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		REPORT TO FOLLOW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out		UNIT	
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No		TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No		UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No	
				OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable) S BAR CHECK Sgt. Callahan visited CDD Beer store @ above location No issues were noted. Lic # R7636 X Refused to sign					
WITNESS		ADDRESS		PHONE NUMBER	
OFFENDER INFORMATION					
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)		PROP. CODE		INSURED <input type="checkbox"/> Yes <input type="checkbox"/> No	
				STOLEN VALUE \$	
					DC NO.
VEHICLE 1 — OWNER'S NAME			VEHICLE 2 — OWNER'S NAME		
VEHICLE 1 — OPERATOR'S NAME			VEHICLE 2 — OPERATOR'S NAME		
WANTED/STOLEN MESSAGE SENT General No. Date		DIST./UNIT TERMINAL		RECEIPT NO.	
REPORT PREPARED BY Call 216809		NO.		DIST./UNIT	
		8759 09		TOTAL PAGES	
				PAGE NO.	
REVIEWED BY		NO.		REFERRAL DATE	
				CEN NO.	